

## ABSTRACT

**THESIS:** Cardiopulmonary Exercise Test Responses to the BSU/Bruce Ramp Protocol

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**Purpose:** The purpose of this study was to evaluate known correlates of  $\text{VO}_{2\text{max}}$  including subject characteristics and exercise test data to develop an equation to estimate  $\text{VO}_{2\text{max}}$  for the BSU/Bruce Ramp protocol. **Methods:** 1913 cardiopulmonary exercise tests (CPX) were performed by adults aged  $48 \pm 13$  years (range 18-82 years, 54% male). Linear regression analysis was performed to predict  $\text{VO}_{2\text{max}}$  using 946 CPX with the remaining 967 used for cross-validation. Exclusion criteria applied were  $\text{RER} < 1.0$ ,  $< 18$  years old, abnormal test termination, and CPX from the same subject repeated within one month. **Results:** Total test time had the strongest correlation ( $r=0.82$ ) with  $\text{VO}_{2\text{max}}$ . Two separate equations were developed to predict  $\text{VO}_{2\text{max}}$ . Total test time alone predicted  $\text{VO}_{2\text{max}}$  with a standard error of  $5.5 \text{ ml}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$ . Addition of age, gender, physical activity status, and body weight improved the prediction to account for 77% of the variance in  $\text{VO}_{2\text{max}}$  with a standard error of  $4.6 \text{ ml}\cdot\text{kg}^{-1}\cdot\text{min}^{-1}$ . **Conclusion:** Of the exercise testing variables examined, the same predictors as previous analysis of test time, age, gender, body weight, and activity status provided the strongest prediction of  $\text{VO}_{2\text{max}}$ . Additional variables of fat free mass and 1-minute heart rate recovery did not improve upon the prediction. Researchers and clinicians need to determine if the accuracy limits of  $\pm 1$  MET for predicted  $\text{VO}_{2\text{max}}$  are acceptable in clinical practice. When greater accuracy is required, measured  $\text{VO}_{2\text{max}}$  should be obtained.